

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/564277

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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34						
35						
36						
37	1					
38	1	1				
39	1	1				
40	1	1				
41	1	1				
42	1	1				
43	1	1				
44	1	1				
45	1	1				
46	1	1				
47	1	1				
48	1	1				
49	1	1				
50	1	1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1					
53	1					
54		1				
55		1				
56		1				
57	1	1				
58	1	1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	13					
TOTAL CLAIMS	22					